



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
 STATE ETHICS COMMISSION

**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fijioka	Carolyn		(808) 523-1178
MAILING ADDRESS (Street)			FAX
1001 Bishop St. ASB Twr #770			(808) 599-7796
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
State Farm Insurance			(Same)
MAILING ADDRESS (Street)			FAX
(Same)			(Same)
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
State Farm Insurance Companies			(808) 523-1178
MAILING ADDRESS (Street)			FAX
1001 Bishop St. ASB Twr #770			(808) 599-7796
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Martin Erwin			(916) 321-6923
MAILING ADDRESS (Street)			FAX
1201 K Street Ste 920			
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*[Signature]* \_\_\_\_\_ 1/5/05  
 (Signature of Lobbyist) (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
<i>Martin Erwin</i>		<i>Counsel</i>	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
<i>State Farm Insurance Companies</i>		<i>916-321-6923</i>	
MAILING ADDRESS (Street)		FAX	
<i>1201 K. St., Suite 920</i>		<i>916-321-6905</i>	
(City)	(State)	(Zip Code)	
<i>Sacramento</i>	<i>CA</i>	<i>95814</i>	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
<i>[Signature]</i> _____		<u>1/10/05</u>	
(Signature of Authorizing Officer or Person Represented)		(Date)	